


Idaho Department of Correction 	Standard Operating Procedure	Title: Furlough Program: Offender		Page: 1 of 9
		Control Number: 605.02.01.001	Version: 3.0	Adopted: 09-01-1995

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Open to the public: ☒ Yes ☐ No

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Revision History
Revision date (04/08/2014) version 3.0: Changed references of community custody to minimum custody, updated header and approval authority, added revision history section.

BOARD OF CORRECTION IDAPA RULE NUMBER

None

POLICY CONTROL NUMBER 605

Furlough Program

DEFINITIONS

Furlough: A temporary release without staff escort.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish standardized procedures for granting offenders furloughs.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) correctional facilities, community work center (CWC) facilities, and Department treatment facilities.

RESPONSIBILITY

Facility heads are responsible for implementing this SOP and ensuring staff members adhere to the guidelines provided herein.

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GENERAL REQUIREMENTS

1. Introduction

The IDOC permits furloughs to assist offenders in preparation for their reentry into society or, when eligible, for family emergencies.

All furloughs are a privilege to be earned by the offender and will not be automatically granted. Furloughs may be granted for the following purposes:

- For emergencies, specifically the imminent death or death of a family member as defined in [section 4](#), Emergency Furloughs.
- For diagnosis or treatment of a serious illness or injury, at the offender's expense, as described in [section 5](#), Medical Furloughs.

The following are only applicable at CWC and IDOC-approved work release or treatment facilities:

- To attend faith-based and other programs as described in [section 6](#), CWC: Program and Faith-based Furloughs.

2. General Eligibility Criteria

To be eligible for a furlough, including emergency furloughs, the offender:

- Cannot have a detainer;
- Cannot be housed at a secure facility (i.e., any facility housing offenders classified to medium custody or higher);
- Must be housed at a minimum custody facility for six consecutive months immediately prior to a furlough (Note: This standard does not apply to offenders housed at a CWC or work release facility.);
- Cannot be held at a county jail;
- Must meet release date criteria for the type of furlough as set forth in this SOP;

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- Must remain within 75 miles of the releasing facility (Note: The director can extend this distance based on a recommendation of a facility head.);
- Must sign Appendix 1, *Furlough Rules of Conduct*;
- Must sign Appendix 2, *Waiver of Extradition*; and
- Must not have a current **or** prior adult conviction for any of the following crimes:
 - ◆ Rape,
 - ◆ Lewd and lascivious conduct with a minor child under 16 years of age,
 - ◆ Sodomy,
 - ◆ Incest,
 - ◆ Sexual abuse of a child under the age of 16,
 - ◆ Infamous crime against nature,
 - ◆ Sexual exploitation of a child,
 - ◆ Aiding and abetting or attempting any of the above or kidnapping with the intent of committing a sexual offense, or
 - ◆ Any other sexual offense.

Note: Offenders participating in vocational work projects, to include prison industry enterprise (PIE) programs, are governed by SOPs [611.02.01.001](#), *Vocational Work Projects: Financial and Administrative Procedures for*; [611.02.01.002](#), *Vocational Work Projects: Staffing Procedures for*; and [611.02.01.003](#), *Vocational Work Projects: Offender Selection and Crew Management for*.

3. Retained Jurisdiction

Offenders housed at a CWC under a retained jurisdiction sentence can participate in the CWC furloughs (as described in this SOP) **and** work release in accordance with SOP [605.02.01.002](#), *Work Release: Offender*.

However, offenders under a retained jurisdiction sentence will not meet the six (6) month minimum custody criteria required in Idaho Code, section 20-101C, and cannot participate in the emergency furlough process.

If a family emergency occurs, the sentencing court may issue an order releasing the offender and the Department will comply with the court order. The facility head (or designee) will communicate with the sentencing court; assist the court in verifying the nature of the emergency; and tell the court if the offender has a warrant, detainer, or other issue that should be considered in the decision.

Offenders under a retained jurisdiction could also request transport in accordance with SOP, [322.02.01.001](#), *Transports: Medical, Court, Family Emergency, and State*.

4. Emergency Furloughs

An offender may apply for an emergency furlough due to the death **or** imminent death of the following family members:

- Mother or father (including stepparent);

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- Brothers or sisters of whole or half blood (or by adoption or a stepbrother or stepsister);
- A wife or husband;
- A natural child, adopted child, or stepchild;
- Grandparents of blood relation; or
- Grandchildren of blood relation.

To be eligible, the offender must be within six (6) months of a full-term release date (FTRD) **or** a tentative parole date (TPD) **and** have been housed in a minimum custody facility for a minimum of six (6) consecutive months prior to the emergency furlough request.

Note: Offenders who do not meet the above criteria may apply for a staff escort. (See SOP, [322.02.01.001](#), *Transports: Medical, Court, Family Emergency, and State.*)

If the offender has a victim alert designation and the emergency furlough is approved, the facility second-in-command will contact the IDOC victim services designee. Time allowing, the IDOC victim services designee will notify the appropriate county prosecuting attorney (or other appropriate agency) to provide notification of the emergency furlough.

Emergency furloughs will be limited to the time needed to accomplish the purpose of the furlough. Furloughs within a 75 mile radius will normally be no more than eight (8) hours, **and** will not exceed 12 hours.

Note: The director must approve all emergency furloughs.

Process Steps: Processing a Request for an Emergency Furlough

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Offender	1	Complete appendix 3, <i>Emergency Furlough Request</i> , and forward it to the case manager.
Case Manager	2	Examine the furlough request for completeness. <ul style="list-style-type: none"> • Complete – Proceed to step 3. • Incomplete – Return to the offender to be completed. (The process ends here until the offender returns a complete request.)
Case Manager	3	Validate the emergency. (If emergency cannot be validated, the process ends here until the emergency is confirmed.)
Case Manager	4	Once the emergency is confirmed, ensure the offender signs appendix 2, <i>Waiver of Extradition</i> .
Case Manager	5	<ul style="list-style-type: none"> • Interview the offender; • Complete appendix 4, <i>Emergency Furlough Eligibility Checklist</i>; • Assemble the completed checklist, <i>Emergency Furlough Request</i>, and <i>Waiver of Extradition</i> into a packet; and • Forward to the second-in-command.

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Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Second-in-Command (or designee)	6	<ul style="list-style-type: none"> Review the packet; If necessary, modify the itinerary as provided on the <i>Emergency Furlough Request</i>;
		Note: Travel should be limited to a 75 mile radius of the facility.
		<ul style="list-style-type: none"> Sign the <i>Emergency Furlough Request</i>, and Forward to the facility head.
Facility Head	7	<ul style="list-style-type: none"> Review the packet, If necessary make comments on the <i>Emergency Furlough Request</i>, Sign the <i>Emergency Furlough Request</i>, and Forward to the appropriate division chief.
Division Chief	8	<ul style="list-style-type: none"> Review the packet, Hand-deliver the packet to the director of the Idaho Department of Correction (IDOC) and make a recommendation for approval or denial.
Director of the IDOC (or designee)	9	<ul style="list-style-type: none"> Review the packet and approve or deny the emergency furlough by selecting the appropriate box on the <i>Emergency Furlough Request</i> and signing the form. Return the packet to the division chief.
Division Chief (or designee)	10	<ul style="list-style-type: none"> Enter the furlough information into the furlough module of the Corrections Integrated System (CIS). Return the packet to the facility head.
Facility Head	11	Return the packet to the second-in-command.
Second-in-Command (or designee)	12	<ul style="list-style-type: none"> Document the approval or denial in CIS as a C-note, and Notify the offender.
Second-in-Command (or designee)	13	If the request was: <ul style="list-style-type: none"> Approved – Proceed to step 14. Denied – Proceed to step 22.
Second-in-Command (or designee)	14	<ul style="list-style-type: none"> Implement the appropriate steps to initiate the furlough. Notify security and other appropriate staff.
Security Staff (or designee)	15	<ul style="list-style-type: none"> Notify law enforcement and probation and parole in writing or verbally. Report to the facility head any concerns of law enforcement officials or probation and parole.

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Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Security Staff (or designee)	16	<ul style="list-style-type: none"> Release the offender on the date and time approved. Give a copy of the <i>Emergency Furlough Request</i> to the offender. Inform the offender that he must carry a copy of the <i>Emergency Furlough Request</i> <u>and</u> present it to any IDOC staff <u>or</u> law enforcement official who contacts him during the furlough.
Security Staff (or designee)	17	Monitor the furlough and document the contacts on the original <i>Emergency Furlough Request</i> . (See section 7 , Furlough Security Practices).
Security Staff (or designee)	18	<ul style="list-style-type: none"> If the offender does not (1) follow the itinerary as provided on the <i>Emergency Furlough Request</i>, (2) violates the <i>Furlough Rules of Conduct</i>, or (3) return from the furlough, immediately contact the shift commander <u>or</u> duty officer. If no problems arise, proceed to step 20.
Shift Commander (or Duty Officer)	19	Verify that the offender is in violation of the conditions of the furlough and if so, activate escape/walk-away procedures (see section 7 , Furlough Security Practices).
Security Staff (or designee)	20	<ul style="list-style-type: none"> Document the time of the offender's return in the facility log <u>and</u> on the original <i>Emergency Furlough Request</i>. Forward the original <i>Emergency Furlough Request</i> to the second-in-command.
Security Staff (or designee)	21	Collect the offender's copy of the <i>Emergency Furlough Request</i> <u>and</u> destroy it.
Second- in-Command (or designee)	22	Ensure that the original <i>Furlough Rules of Conduct</i> , <i>Waiver of Extradition</i> , and <i>Emergency Furlough Request</i> are filed in the offender's central file.

For further assistance with CIS, see your designated CIS super user.

5. Medical Furloughs

The director of the IDOC may, with the approval of the Idaho Board of Correction, release an offender on furlough for medical care **or** long-term convalescence in accordance with SOP [324.02.01.001](#), *Parole of Offenders with a Terminal Disease or Permanent Incapacitation*.

Note: Medical care and convalescence will be at the offender's expense.

Note: The director **or** the Board may make conditions and terms, such as reporting requirements and time limitation, for an offender released on a medical furlough.

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Process Steps: Processing a Medical Furlough

Functional Roles and Responsibilities	Step	Tasks
Contract Medical Provider	1	After learning that an offender may qualify for a medical furlough, make a recommendation to the facility head that the offender be released on a medical furlough.
		Note: The contract medical provider will submit to the facility head all necessary forms for the request.
Facility Head	2	<ul style="list-style-type: none"> Review the request and assess the offender's condition, institutional behavior, prior record, classification, and other information pertinent to public safety. Forward the request along with the assessment and recommendations to the appropriate division chief.
Division Chief	3	Review the request and forward it to the director of the Idaho Department of Correction (IDOC).
Director of the IDOC	4	Review the request and make a recommendation to the Board of Correction.
Board of Correction	5	Review, make a decision, and communicate decision to the director of the IDOC.
Director of the IDOC	6	Notify the division chief of the decision.
Division Chief	7	Notify the facility head of the decision.
Facility Head	8	Implement the decision.

6. CWC: Program and Faith-based Furloughs

At CWCs offenders who are within one year of a FTRD, TPD, or parole eligibility date (PED) may participate in program furloughs. Approved activities include education, religious services, counseling, and treatment programs. Activities must be structured and a minister, pastor, or treatment provider must facilitate the activity **or** an approved volunteer must be in attendance.

Eligibility Criteria:

- Minimum custody;
- Housed at a CWC for 30 days;
- One (1) year from a FTRD, TPD, or PED;
- Satisfactory participation in the center's program objectives;
- Satisfactory work performance; and
- Has attended faith-based services at the CWC. (Note: To qualify to attend faith-based services in the community.)

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Process Steps: Processing a Program or Faith-based Furlough

Functional Roles and Responsibilities	Step	Tasks
Offender (or Staff)	1	Complete appendix 5, <i>Program and Faith-based Furloughs</i> and submit it to the designated community work center (CWC) staff.
CWC Staff	2	Ensure the offender(s) signs appendix 2, <i>Waiver of Extradition</i> .
CWC Staff	3	<ul style="list-style-type: none"> Review the <i>Program and Faith-based Furlough</i> form and determine the offenders' eligibility; If necessary, modify the form; Make a recommendation to approve or deny the furlough by selecting the appropriate box, print name, and provide associate number; Assemble the completed <i>Program and Faith-based Furlough</i> and all <i>Waiver of Extradition</i> into a packet; and Forward to the facility head.
Facility Head (or Designee)	4	<ul style="list-style-type: none"> Review the packet; If necessary, modify the <i>Program and Faith-based Furlough</i> form; Approve or deny the furlough by selecting the appropriate box on the form, and then sign and date the form; Return the form to the CWC staff.
CWC Staff	5	<ul style="list-style-type: none"> Notify the offender(s); and If furlough not approved, proceed to step 10.
CWC Staff	6	Notify security and other appropriate staff of any approved furlough activity. (See the note box below this table.)
CWC Staff	7	Record the departure date and time on the <i>Program and Faith-based Furlough</i> form.
Security Staff	8	Monitor the furlough activity. (See section 7 , Furlough Security Practices).
CWC Staff	9	Record the return date and time on the original <i>Program and Faith-based Furlough</i> form.
CWC Staff	10	Ensure that the original <i>Program and Faith-based Furlough</i> form and all <i>Waiver of Extradition</i> are filed in the offenders' central file.

Note: Offenders approved to attend religious services away from a CWC will be transported using the following methods, in the following order:

1st — CWC or facility vehicle

2nd — A private vehicle owned by an IDOC-approved volunteer

3rd — A church-owned vehicle

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Offenders transported to religious services in an IDOC vehicle will **not** be charged van fees. The facility head must approve church-owned **and** volunteer vehicles. Standard requirements include proof of insurance **and** driver's license.

7. Furlough Security Practices

The facility's chief of security will identify the appropriate level and type of security checks staff will make on offenders during a furlough. These checks can be performed by telephone, in person, by facility staff, or by probation and parole officers (PPOs), and include practices such as clothed and unclothed body searches of offenders returning from furlough, drug and alcohol testing, and collateral contacts. Facility staff will document the security checks in the facility log.

If an offender fails to (1) follow the itinerary (as described on the approved *Emergency Furlough Request* or *Program and Faith-based Furloughs* forms) **or** the *Furlough Rules of Conduct*, or (2) return to the facility, the offender will be considered a walk-away or escapee. Staff will implement walk-away or escape procedures in accordance with SOP [507.02.01.002](#), *Escape/Walk-away Response*).

REFERENCES

Appendix 1, *Furlough Rules of Conduct*

Appendix 2, *Waiver of Extradition*

Appendix 3, *Emergency Furlough Request*

Appendix 4, *Emergency Furlough Eligibility Checklist*

Appendix 5, *Program and Faith-based Furloughs*

Department Policy [605](#), *Furlough Program*

Idaho Code, Title 20, Chapter 1, Section 20-101C, *Furlough – Conditions – Failure to Return – Specifically Authorized for Funerals and Accident or Illness*

Idaho Code, Title 20, Chapter 2, Section 20-242, *Furlough*

– End of Document –

IDAHO DEPARTMENT OF CORRECTION

Furlough Rules of Conduct

While on furlough, I agree to abide by the following rules, policies, and procedures of the Idaho Department of Correction (IDOC). I understand that while on furlough I remain in the custody of the IDOC and that failure to comply with this agreement may result in disciplinary action up to and including criminal prosecution.

1. While on furlough I will not engage in any behavior that is unsafe or reflects negatively on my peers, the IDOC, or myself.
2. I will follow the directions of staff to include returning immediately to the facility even if the allowed time on my furlough has not expired.
3. I agree to obey all state, local, federal laws and IDOC policies, directives, standard operating procedures, and rules.
4. I understand that if I fail to comply with these rules, if my whereabouts is unknown, or if I fail to return at the scheduled time, I will be considered an escapee under Idaho Code, section 18-2505, and subject to criminal prosecution and discipline action as set forth in the IDOC standard operating procedure (SOP) [318.02.01.001](#), *Disciplinary Procedures*.
5. I understand that if I am declared an escapee, the money in my inmate trust fund account can be used to pay for costs incurred in my apprehension or extradition back to the State of Idaho and/or to pay any court-ordered fees/restitution or payment agreement I have made with the IDOC.
6. I also understand that the IDOC will confiscate my personal property as evidence and it may be considered contraband.
7. I will not use any alcohol, illegal drugs, or another person's prescription medication. I will submit to a urine, blood, breath, or hair analysis for drug use at the request of staff.
8. I will not have possession of or be within close proximity to any firearm or other dangerous weapon.
9. I will not get married, sign any contract, loan application, or conduct any business, unless such activity is clearly stated in my approved itinerary.
10. I will not drive a motor vehicle.
11. I will contact the facility immediately if I have any contact with law enforcement.
12. I will not associate with any person that is not on my furlough application and itinerary to include persons who have been denied visitation, persons on probation or parole, or persons involved in criminal behavior.
13. I will follow the approved itinerary. If circumstances arise that affect my ability to follow the itinerary, I will immediately contact the facility by telephone or in person.
14. I will not receive a medical, dental, surgical, or psychiatric treatment without written permission from IDOC staff (except emergency medical care). If I need emergency medical care, I will contact the facility (or if I am unable to contact the facility, my family or others will contact the facility for me).

15. I will not return to the facility with any unauthorized items.

16. I understand that I am subject to search while I am on furlough and upon my return to the facility.

17. I understand that all furlough requests are contingent on my exemplary behavior on furlough, work assignment, and at the facility.

Special instructions: _____

Name (Print)

Signature

Date

IDAHO DEPARTMENT OF CORRECTION

Waiver of Extradition

I, _____, in return for being granted the privilege of leaving an Idaho Department of Correction (IDOC) facility for the purpose of work, furlough, or other activity agree that I will, when instructed by the IDOC, or its authorized agent, return at any time to the State of Idaho.

I agree that I will not contest any effort to return me to the United States or the State of Idaho. I expressly and voluntarily waive extradition from any state or country back to the State of Idaho.

Signature

IDOC Number

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public for Idaho

Residing at _____, Idaho

Commission expires: _____

IDAHO DEPARTMENT OF CORRECTION

Emergency Furlough Request

Facility: _____ Date: _____

Offender's Name: _____ IDOC number: _____

Type of Furlough: () Emergency

Length of time and this facility: _____

Custody Level: _____ Length of time at present custody level: _____

Draw request: Yes ___ No ___ If yes: amount? _____ To be used for: _____

Date of the Furlough: _____ Time of departure: _____ Time of return: _____

Person I will be with: _____ Relationship: _____

Address: _____ City: _____ State: _____

Itinerary

Location: _____ Time: _____ To: _____

Street: _____ City: _____ Telephone: _____

People present: _____

Location: _____ Time: _____ To: _____

Street: _____ City: _____ Telephone: _____

People present: _____

Location: _____ Time: _____ To: _____

Street: _____ City: _____ Telephone: _____

People present: _____

Location: _____ Time: _____ To: _____

Street: _____ City: _____ Telephone: _____

People present: _____

I agree to follow all city, state, and federal laws, and the rules of the furlough program. I understand that violation of any of these rules or laws may make me ineligible for continued participation in the furlough program. I will not make any changes to this itinerary without first obtaining permission from IDOC staff. I understand that if I fail to return at the scheduled time or as directed by IDOC staff I may be considered to have escaped from IDOC custody.

Offender's signature _____ Date _____

Transporting vehicle information: (Proof of a valid driver's license and vehicle insurance must be provided.)

Make: _____ Model: _____ Year: _____ Color: _____

License Plate: _____ State: _____ Registered to: _____

Address: _____ City: _____ State: _____

Signature of person picking up offender _____ Date _____

Facility Approval

Second-in-Command: _____

Date: _____

Facility head: _____

Date: _____

Comments: _____

Administrative Approval

Approved _____ Denied: _____

Director (or designee)_____
Date

Security Checks/Verification

Type of check: () Face to face () Telephone () Collateral Date: _____ Time: _____

Staff member's name: _____

Type of check: () Face to face () Telephone () Collateral Date: _____ Time: _____

Staff member's name: _____

Comments: _____

IDAHO DEPARTMENT OF CORRECTION
Emergency Furlough Eligibility Checklist

Offender's Name: _____ IDOC #: _____

Today's Date: _____ Date of the Furlough: _____

Offender:

Is classified minimum custody: Yes _____ No _____

Has signed a waiver of extradition: Yes _____ No _____

Has been in a minimum custody facility for last six (6) months: Yes _____ No _____

Offender's last DOR conviction was on: Date _____ None _____

Is within six (6) months of a FTRD or TPD: Yes _____ No _____

Does the offender have a detainer: Yes _____ No _____

Does the offender have a victim ALERT: Yes _____ No _____

Does the offender have any convictions or sentences for any of the following?

Rape, Lewd and Lascivious Conduct with a Child Under the Age of 16, Sodomy, Incest,
Sexual Abuse of a Child Under the Age of 16, Infamous Crime Against Nature, Sexual
Exploitation of a Child, Kidnapping (with the intent of committing a sexual offense), or
aiding and abetting any of the above: Yes _____ No _____

Furlough is:

For emergency medical: Yes _____ No _____

Due to imminent death of immediate family member: Yes _____ No _____

To attend a funeral (relationship to deceased _____): Yes _____ No _____

For diagnosis or treatment of a serious illness or injury: Yes _____ No _____

Is within 75 mile radius of facility: Yes _____ No _____

Escort cleared for warrants: Yes _____ No _____

Please explain reason for requesting furlough if the offender does not meet one (1) or more of
the furlough criteria: _____

I have verified the above information.

Print staff member's name: _____ Associate Number: _____

Signature: _____ Date: _____

IDAHO DEPARTMENT OF CORRECTION

Program and Faith-based Furloughs

Purpose (select one):

() AA/NA () Apartment Search () Community Service () Counseling
() DMV () Faith-based service () Social Security () Vocational Rehabilitation

Other (specify): _____

Activity contact name: (if none, write none): _____

Activity telephone number: _____

Offender(s):	IDOC #:
_____	_____
_____	_____
_____	_____
_____	_____

Special conditions/comments:

Date of activity: _____ Time of activity: _____ to _____

Address: _____

Activity contact name: (if none, write none): _____

Activity telephone number: _____

Escort name: _____ Telephone number: _____

Escort vehicle: Make: _____ Model: _____ Year: _____ Color: _____

License number: _____ State: _____ Owner: _____

Staff Use Only

Van Charge: Yes _____ No _____ Date: _____

Recommendation: Approve _____ Deny _____

Submitted by (print name): _____ Associate Number: _____

Approved _____ Denied _____

Facility head (or designee): _____ Date: _____

Departure Date/Time: _____ Return Date/Time: _____

Comments: _____
